FACILITY USE APPLICATION

MORTON COMMUNITY CENTER, 222 N. CHAUNCEY, WEST LAFAYETTE, IN 47906 PHONE 765-775-5120 FAX 765-775-5123 E-Mail: wlparks@westlafayette.in.gov

Today's Date:/ Type of activity	Number of participants
Date of activity */ Time: From to transfer requesting regular meetings, please list all dates for year or	
Admission charge: Yes No Amount per person \$ Use of proceeds if admission or donation:	Donation: ☐ Yes ☐ No Room
Is food being served? \square Yes \square No If yes, \$100 fee for the Mercquired at time of reservation. Group is responsible to return its original place. In MPR, Group responsible to return tables	n rooms to original set up, including returning furniture to
Morton has ONLY this equipment available for use on a first-commaking reservation!) Please indicate if you wish to use our: *Please circle item(s) needed: TV/VCR/ Overhead projector (M Tables – 6': #/ Flip chart/white board (you provide paper for If you are providing your own equipment, please list:	PR only)/ Slide projector/CD&tape player/ flip chart)
Name of organization	
Address of organization	
Name of representative	Day phoneEvening phone
Address of representativeEmail address:	Fax
Use Restrictions: By contract the use of Morton Community Center is restrict activities or functions sponsored or promoted by the City of West Lafayette, meet not-for-profit groups.	
Liability: The Morton Community Center (Facility) is available for use subject have read, understand, and agree to comply with the Rules and Rental Policy. Or of the Facility is available at our discretion, and that we are not compelled in any degree of risk of injury and even death and that we are voluntarily using the Facil In consideration of being allowed to use the Facility, I, on behalf of the above list herby release and forever discharge, and agree to indemnify and hold harmless, the Department, and their Boards, officers, agents, employees, and representatives an or liability (including attorney fees) for injuries, damages or death resulting from	a behalf of the above listed organization or individual, I understand that use way to use the Facility. We understand that use of the Facility involves a ity with knowledge of the dangers involved. ed organization or individual and their heirs, representatives and assigns, the City of West Lafayette, the West Lafayette Parks and Recreation d any person or entity acting on their behalf, from any and all responsibility
Notice: The authorized representative listed below shall inform the members of above and the Rules (attached) so that all members shall have knowledge of the ounderstand that the activity may be suspended immediately and/or the group may equipment or materials used may be inspected or further information required by	rganization's rights and responsibilities. In the event of any violation, I lose the privilege of use of Morton. I understand that any electrical
All payments for rentals should be made prior to the all We are a Recognized Student Organization of Purdue University with Organizations (BOSO). Purdue Contract Addendum will apply to this the Activity Form submission for this event. (Leave a copy of this for ⇒Signature of authorized representative:	n our finances managed through the Business Office of Student s contract. Orgs must scan and upload this form into BoilerLink with
For Office Use Only	
	oOn calendar
Approved by:	Data: / /

Reservation is confirmed when this form is filled out, signed and received in Morton office.